



Practitioner's Docket N . 157-47577C

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Marasco et al.

Application No.: 09/522,727

Filed: 3/10/00

Group No.: 1644

Examiner: J. Roark

For: INTRABODY-MEDIATED CONTROL OF IMMUNE REACTIONS

Assistant Commissioner for Patents

Washington, D.C. 20231

EXPRESS MAIL CERTIFICATE

"Express Mail" label number: EL 565095448 US

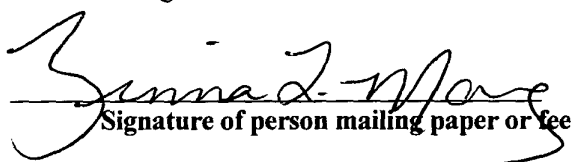
Date of Deposit: March 28, 2001

I hereby state that the following *attached* papers and fee

Preliminary Amendment (3 pp.);
Transmittal for Preliminary Amendment (2 pp.);
Petition for Extension of Time (2 pp.);
Transmittal of Substitute Specification Sheets (2 pp.)
Substitution Sheets (pp. 44-62);
Sequence Listing Statement (2 pp.)
Sequence Listing (16 pp.) and diskette;
Copy of Notice to Comply and Raw Sequence Listing Error Report;
Check in the amount of \$55 00;
Return Receipt postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10, on the date indicated above and is addressed to the Box Patent Application, Assistant Commissioner for Patents, Washington, D.C. 20231.

Zinna L. Mang


Signature of person mailing paper or fee

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Docket No. 700157-47577C

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APR 05 2001

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Commissioner for Patents
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PRELIMINARY AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is

☒ a small entity. A statement:

☐ is attached.

☒ was already filed.

☐ other than a small entity.

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATION UNDER 37 C.F.R. 1.8(a) and 1.10*

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Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

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37 C.F.R. 1.8(a)

37 C.F.R. 1.10*

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Zinna L. Mang

(type or print name of person certifying)

Date: March 28, 2001

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FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| (Col.1) | | (Col. 2) (Col. 3) SMALL ENTITY | | | OTHER THAN A SMALL ENTITY | | | |
|--|---------|---------------------------------------|------------------|-----------|------------------------------|----|------------|---------------|
| Claims Remaining After Amendment | | Highest No. Previously Paid For | Present Extra | Rate | Addit. Fee | OR | Rate | Addit. Fee |
| Total | * Minus | ** | = | x \$11 = | \$ | | x \$22 = | \$ |
| Indep. | * Minus | *** | = | x \$41 = | \$ | | x \$82 = | \$ |
| [] First Presentation of Multiple Dependent Claim | | | | + \$135 = | \$ | | + \$270 = | \$ |
| Total | | | | | OR | | Total | |
| Addit. Fee | | | | | \$ | | Addit. Fee | |
| | | | | | | | \$ | |

(complete (c) or (d), as applicable)

- (c) [X] No additional fee for claims is required.

FEE PAYMENT

5. [] Attached is a check in the sum of \$____.
- [] Charge Account No. _____ the sum of \$ ____.
- A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. [X] If any additional extension and/or fee is required, charge Account No. 50-0850.

AND/OR

- [X] If any additional fee for claims is required, charge Account No. 50-0850.

March 28, 2001

Reg. No. 30,628

Tel. No. (617) 345-6054

Customer No.


SIGNATURE OF PRACTITIONER

Ronald I. Eisenstein

type or print name of practitioner)

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